

Intellectual and Developmental Disabilities Technical Advisory Committee Meeting Minutes: November 7, 2014

Technical Advisory Committee members present:

Chastity Ross- CCDD
Patty Dempsey- ARC of Kentucky
Johnny Calles- Independent Opportunities, KAPP
Chris Stevenson- Cedar Lake, KAPP

Department for Medicaid Services staff present:

Cynthia Lee- Division of Program Quality and Outcomes
Ann Hollen- Division of Community Alternatives, MFP/KY Transitions Branch
Connie Bass- Division of Provider and Member Services, Call Center Supervisor
Sheila Davis- Division of Community Alternatives, MH/IDD Branch Manager
Lyris Cunningham- Division of Community Alternatives, MH/IDD Branch-MPW
Erin Varble- Division of Community Alternatives, Director's Office

Department for Developmental and Intellectual Disabilities (DDID) staff present:

Mary Mann

Division of Community Based Services staff present:

Pat Walden

Others Present:

Pam Smith- UM Operations Manager, HP
Nikki Martin, RN- HP

Intellectual and Developmental Disabilities Technical Advisory Committee met at 10AM on November 7, 2014. Patty Dempsey chaired the meeting.

Barb Russell- Last day was October 31st. Mary Mann has taken over her position.

- I. Introductions were made.
- II. Lyris asked Pat and Connie to come speak about issues with 552's and DCBS.
 - a. 552 issues. Fayette county was having the most trouble.
 - b. MPW- a lot of the cases, can add to child, pregnant women. A lot of children fall into the P7 category, which is highest category within KCHIP. Not eligible for vendor payment.
 - i. Or if parents are over the income limit, people getting disability checks, can slow things down.
 - c. No procert- not paperwork can get done.
 - i. Need to get the plan of care done prior to going to DCBS.
 - ii. Release 4- stays the same, Release 5- changes.
 - d. Johnny has issues with adults with IDD in SCL waiver.

Intellectual and Developmental Disabilities Technical Advisory Committee Meeting Minutes: November 7, 2014

- i. Frequently claims will just suddenly stop paying, and it will be “issues with 552.”
 - 1. Case managers go to DCBS, will be nightmarish.
 - 2. Have to go wait at office to set up appointments, to come back a few weeks later. End up with weeks of unpaid claims.
 - 3. Missed a recert. Or a special circumstance.
 - a. Workers have been told, is if the case looks correct on KAMES, there is nothing else they can do. Will have to call Member Services.
 - 4. No one, including patients, get no notice of pending termination.
 - a. Ends up being all kinds of back and forth between DCBS, Member Services and Case managers.
 - b. Re-Certification or notice of termination letters-where do they go?
 - i. Either the client or the authorized representative. Will not go to case manager.
 - c. Some workers don’t even know what a 552 is.
 - d. Everything shuts down without a 552.
 - 5. Maybe start looking at patient liability more often.
 - 6. Bluegrass has started to put this check as part of case manager’s monthly reports.
 - 7. Pat to take concerns back to upper management and see if there is anything that can be done to streamline process or keep from happening all together.
 - 8. Clients must renew Medicaid every 12 month. If they don’t, services may stop.
 - a. Don’t think this is the issue. Most of these individuals keep their renewal appointments.
 - 9. SSI clients do not have to recertify their Medicaid. Clients do have to keep up with their SSI. If they do not get it done in SS timeframe, all things stop.
 - a. Medicaid gets no notification it a client’s SSI stops, would have to look on SDX.
 - b. This could cause a 552 issue.
 - c. Have to check eligibility. If not, need to go to DCBS or SSI office to reinstate eligibility.
 - i. If eligible, check for procert, if no procert, check for PA. If PA is there, contact HP to have them retrigger the Procert.
 - ii. Procert’s are verification of LOC.
 - 10. Possible to get a flowchart of how all this works?
 - a. In 2016 when everything goes on the KY Healthnet network, the vast majority of this process will be automated.
 - b. Until then, is there any way to have a worker contact to trouble shoot this issue more quickly?
 - c. Pat to take back to upper management and see if that is a possibility.

Intellectual and Developmental Disabilities Technical Advisory Committee Meeting Minutes: November 7, 2014

- d. Pat doesn't have staff to make flowchart, especially for a process that is going to change in less than a year.
- 11. Johnny and Chastity –email Pat @552 issues. Type up concerns about concerns, especially about the Fayette County office.
Patricia.Walden@ky.gov
- 12. Patient Liability. Things are getting held up there.
 - a. \$300 patient liability, shouldn't be paying.
 - b. The only time someone should be eligible for 0 patient liability, is if the client is Medicaid eligible without the waiver.
 - i. So if the only thing making you eligible for Medicaid is the waiver, you will have a patient liability.
 - c. If disabled adult child, drawing money from deceased fathers SSI, may be eligible for Passthrough, if not over income limit.
 - d. Not all DAC's are eligible.
- 13. Children that come into waiver, does it take 30 days before they are Medicaid eligible.
 - a. Within the month of eligible, parents and child's income are considered. After that first month, only the child's income is considered.
 - b. So if they come in on May 31st. The incomes are together, but starting on June 1st, just the child's income is considered.
 - c. If denied in the first month for financial reasons, system knows to approve them for the second month if they are determined to be disabled.
 - i. Try to get the parents income down as much as possible through parental deductions.
 - d. Why not do Medicaid eligibility before applying for the waiver?
 - i. A lot of people do not meet Medicaid eligibility without the waiver.
 - ii. Allowed to make 3 times the SSI standards. \$2163.00
- 14. Who do you pay patient liability to?
 - a. Whatever provider is on the MAP 552.
 - b. What waiver?
 - i. MPW- Always the case manager
 - ii. SCL- Provider for residential, non-residential-case manager.
- 15. People getting refunded patient liabilities. Some get them some don't.
 - a. Has to do with the PICKLE amendment.
 - b. Identifying people who shouldn't have been paying patient liability. Back to 2008? Not sure of exact date.
 - c. Letter sent to member and provider. Send letter to DMS, request mass adjustment, then we look through and refund moneys to the provider, and then the providers are paying the client.
 - i. Why doesn't DMS just pay client directly.

Intellectual and Developmental Disabilities Technical Advisory Committee Meeting Minutes: November 7, 2014

- ii. Client paid provider, so they must get refund. Especially if client never paid liability, then there is no refund.
 - iii. Refund will not count against them for Medicaid eligibility. Or it's not supposed to. Letter says otherwise. Sheila to scan letter to Pat.
 - 16. Those who receive Medicaid through new expansion are not eligible through waiver program.
 - a. They are MAGI- Modified Adjusted Gross Income. (Low income adult, expanded Medicaid...)
 - b. Must get disability determination.
 - 17. Pat to see if can help trouble shoot the 552 issues.
- III. Motion was made to approve minutes from September 9, 2014 meeting. Seconded and approved.
- IV. MAC Recommendations- See Handout MAC
 - a. Chris presented at the September 27th MAC meeting.
 - b. Discussed MPW waiting list, troubles with screening tool, since most people on MWP are children.
 - c. Create separate waiver for children.
 - d. Clients, who are using PDS, not have to pay for the unfunded mandates. (background checks, training, CPR, etc.)
 - i. \$372 per person, per hire. (can't come from budget, comes out of clients pocket)
 - ii. Patty to get average cost for next meeting.
 - iii. Patty has some clients that may be interested in speaking at the MAC.
 - e. See if we can carve out Behavioral Health out of Managed Care all together.
 - i. BH be more of Mental Illness.
 - ii. A lot of MCO may not offer the resources BH need.
 - iii. If on waiver, they would be on Fee for Services. If not on waiver they would be under Managed Care.
 - iv. MAC asked how much of overall budget do we consume.
 - 1. Looking for that number.
 - 2. Sheila to see if she can pull annual waiver expenditure from our 372 reports.
 - 3. Ann to get # of Medicaid waiver recipients.
 - 4. Want to see what percentage of the overall Medicaid budget does Waiver take up?
 - a. Think it will be very small.
 - b. Chris to email Ann Hollen what numbers he is looking for.
 - f. Will Final Rule have anything to do with that?
 - i. No. The Final rule really is about making sure people are getting out and doing things. Make sure the waiver population is not isolated.
 - g. Lots of paranoid providers that think with everything going digital, that we are preparing to go under MCOs.
 - i. No truth to this. Digitizing everything so that everyone has access to the same information.
- V. Michelle P waiver slots.

Intellectual and Developmental Disabilities Technical Advisory Committee Meeting Minutes: November 7, 2014

- a. Recently sent out 69 available slots that rolled from the previous year.
 - i. Letters sent certified to first people on waiting list to go to CMHC's for an assessment.
 - ii. Copies of letters are being emailed to the CMHC's
 - b. Haven't been approved for additional 500 slots within the HCB Final Rule yet.
 - c. Over 3300 on Waiting list.
 - i. Approx. 70% under the age of 21.
 - d. May get kind of ugly with the waiting list. Lots of people on the list will not qualify.
 - i. Have entire families that are on the waiting list that won't qualify.
 - e. MPW was originally intended for adults.
 - i. Currently probably 80%? of waiver is children.
 - ii. Are adults not getting the services?
 - 1. Meet with MAC, that there is no Pediatric assessment tool.
 - 2. Give adults slots first?
 - a. NO, will open up another lawsuit. Discrimination.
 - b. No way to rein it back in to what the original waiver was intended for.
 - 3. MPW has to be renewed in 2016.
 - 4. Most kids on the waiver get the maximum budget.
 - f. Should we start complaining about the adults not getting services so that in 2016 we can fix it?
 - i. Need wait closer to 2016.
- VI. Final Rule:
- a. SCL slots- caught up. Have no one on waiting list. Have future clients.
 - b. Waivers have to undergo significant changes in order to come into compliance?
 - i. Some providers may have to make some changes, relocate, etc. But think majority will be just fine.
 - ii. If providing dual services, may have to separate services.
 - 1. If have ADT and with a residential home, will probably have to change/separate this.
 - c. Need to fix supported employment.
 - i. Designed to be cornerstone of the waiver, and it is not.
 - ii. Was the hope that everyone would be able to utilize this service and the community would help these clients.
 - 1. Won't happen for the majority of people. Not realistic.
 - 2. Current design is causing providers to drop out because you can't get the help.
 - 3. Have fewer people on supported employment than when switched to SCL 2.
- VII. Adjourned.